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BIBDATASHEET**CONFIRMATION NO. 6511**

Bib Data Sheet

SERIAL NUMBER 10/670,908	FILING DATE 09/25/2003 RULE	CLASS 702	GROUP ART UNIT 2863	ATTORNEY DOCKET NO. 16356.820 (DC-05171)
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APPLICANTS

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** CONTINUING DATA ***** *NONE*

** FOREIGN APPLICATIONS ***** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/18/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 25 24	INDEPENDENT CLAIMS 3 2
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Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *XS*

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TITLE
 Information handling system including power supply self diagnostics

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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